

NEWBURGH UTILITY OFFICE P.O. BOX 100 NEWBURGH, INDIANA 47630 812-853-7496 812-853-1728 FAX www.newburgh-in.gov

IDEM PACKET PLEASE COMPLETE AND RETURN TO NEWBURGH UTILITY OFFICE

IDEM PACKET - \$60.00

Sanitary Sewer Application Contents:

Request for capacity
Requirements submitted by engineer designing project
Request sent to WWTF by Newburgh Utility Office:

- Project Name
- Subdivision
- Owner
- Engineer
- Location of Project
- General Project Description
- Peak Flow
- Plan Drawing/Sketch
- Point of Connection

Once capacity is approved, a letter is sent to Warrick County Area Plan Commission.

If a letter of credit is posted, a security letter is sent to WCAPC.

Sanitary Sewer Submittal Documents for Newburgh WWTF:

- Submittal Checklist Application
- Sanitary Sewer Design Summary
- Sanitary Sewer Contract Application
- Boundary Description
- Cost Estimate
- Sanitary Sewer Construction Permit Application
- Certificate of Registered Engineer / Surveyor Letter from Project Applicant
- Capacity Certification/Allocation Letter from Town Engineer
- Application Fee \$60.00
- Town of Newburgh, IN Sanitary Sewer Design and Construction Standards (as updated March 2008) signed cover sheet
- Sanitary Sewer Plans
- Notification Letter Regarding Receipt of a Sanitary Sewer Construction Permit Sent from Newburgh Utility
 Office to IDEM signed by Sewer Commissioner
- Notice of Intent to Issue Construction Permit Sent from Newburgh Utility Office to IDEM signed by Town Engineer



SEWER CONSTRUCTION PERMIT AND CONTRACT APPLICATION DOCUMENTATION

Dear Applicant:

To complete the processing of your request for a sewer construction permit and contract with the Town, it is necessary that you submit all documents. If your application materials are incomplete they will be returned to you with a notice of deficiencies and you will be required to start the process over and pay a new fee. In addition to the added cost, your project will be delayed while plan review occurs subsequent to submittal of a completed application and it is not the Town's desire that your project be delayed.

Please be sure to complete the following steps:

 $\sqrt{\text{Complete all areas of the Applications}}$. On any area that you believe is not relevant, please so state.

√ Complete all information on the sewer design summary and certify it by an Indiana Registered Professional Engineer, or, if the design deals only with gravity sewers and no lift station, and Indiana Registered Land Surveyor, who was responsible for the design of the proposed system.

 $\sqrt{}$ Date and sign the application form and assure it is completed. The party or parties signing the application form must be the party or parties who will contact with the Town to build the sewer. If the party who wishes to contract to build the sewer is other than the fee owner of the real estate to be served by the sewer, such fee owner or owners must be made parties to the contract as the terms affect their ownership interest in the real estate.

√ Submit the completed and executed Applications, together with three sets of plans with profiles and bedding details and the required processing fee. Every page of the plans and profile must be stamped and signed by the engineer or surveyor who is responsible for the creation of the drawings. The submission is to be made to the Newburgh Sewer Department Office, Newburgh, Indiana.

 $\sqrt{}$ Include the cross-reference number from the property deed to the subdivision and a copy of the legal description of the property clearly marked "EXHIBIT A".

If you have any questions regarding the requirements of a contract or a construction permit, please feel free to contact us before completing and submitting your application and documentation.

NEWBURGH TOWN COUNCIL



	PROJECT	NAME:	
	OWNER:		
l.		SANITARY SEWER CONTRACT APPLICATION FORM	
	A.	Applicant's Name and Address	
	B. 1. 2. 3. 4.	Applicant's Engineer Company Name Name Address Phone Number	
	C	Name and Location of proposed Sanitary Sewer	

	D	Signature of Applicant or Authorized Agent including date signed	
II.		SANITARY SEWER DESIGN SUMMARY FORM	
	A. 1.	Design Form Multiply number of units by recommended average flow for that type of unit. Refer to Bulletin S.E. 13, page 18 and 19, which can be obtained from the Indiana Department of Health, for all flows not listed on design summary form as well as the Town's ordinances.	
	2. 3.	Total all average flow and enter total average flow Enter Peaking Factor. If Peaking Factor is unknown, a factor of 4 is usually sufficient, however, an exact factor my be calculated from the following equation:	
		Peaking Factor = 18 + sqrt P 4 + sqrt P WHERE "P" IS THE POPULATION IN THOUSAND	
	4.	Multiply Total Average Flow by the peaking Factor and enter product as PEAK FLOW.	
	В.	Gravity sewer length and type. Please indicate the length, diameter, and type of sewer pipe with applicable SDR and ASTM Specifications, and type of bedding.	
	C	Certifier's Seal. Design Summary Form must be sealed by a Registered Professional Engineer or Land Surveyor if no Lift Station is involved.	
	D	Connection	

		Point	
	1.	Diameter of existing sewer at Connection Point	
		(Unless Connection Point is at a Lift Station)	Wagner 10
	2.	Location of Connection Point relative to an intersection of 2 streets (If possible, i.e. so many feet west and so many feet north of the	
		intersection of this street and that street)	
E.		Lift Station: Enter all proposed Lift Station information, or enter	
		N/A if no Lift Stating is involved. (If an existing Lift Station is being directly affected, enter existing	
		Lift Station information and specify that it is an existing Lift Station)	
	1.	Number and capacity of pumps	
	2.	Provide design calculations for TDS and wet-well detention time.	
	3.	Provide a graph of the pump curves	
	4.	Specify highest elevation in the force main	
	5.	Specify force main length, diameter and material (ASTM and SDR), and bedding	
	6.	Specify and audio and visual alarm with self contained power	
	0.	supply or telemeter.	
	7.	Specify nature of back-up power source for lift station, if any	
		PLANS AND SPECIFICATIONS	
Α.		Each and every page of the plans must be SIGNED AND SEALED,	
		as well as, the cover page for specifications.	
	1.	Professional Engineers, who are registered within the State of	
		Indiana, are eligible to certify Plans and Specifications for all types	
		of projects.	4
	2.	A Land Surveyor who is registered within the State of Indiana may	
		Certify Plans and Specifications for Gravity Type Sanitary Sewers	
		only, and may not certify Plans and Specifications involving Lift	

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			Stations and Force Mains	
	3.		Submit a copy of the plat for the subdivision with the plans - 8.5 x 14	
В.			The following items are usually necessary for property Technical	
			Review of Sanitary Sewers and Lift Stations	
	1.		Plan view of the sewers including minimum ten foot horizontal	
			separation of Sewer and Water mains, can connection point of the proposed Sanitary Sewer.	800
	2.		Profile view of the sewers including: slope, invert, elevations,	
			existing grade, proposed grade, distances from manhole to	
			manhole, existence of special features, and a minimum 18 inch	
			vertical separation of Sewer and Water mains.	
	3.		Where applicable, details of all appurtenances including manholes,	
			drop manholes, inverted siphons, etc.	
	4.		Bedding details for installation of Sanitary Sewers/Force Mains	
		а	Rigid Pine: should be Class I at II materials as defined in the latest	
		11.00	Rigid Pipe: should be Class I or II materials as defined in the latest	
			edition of the Town's Sanitary Sewer Design and Construction Standards.	
		b	Flexible Pipe: should be Class I or II materials as defined in the	
			latest edition of the Town's Sanitary Sewer Design and Construction Standards.	
	5.		Minimum three (3) foot cover depth above the crown of the Sanitary	
			Sewer/Force Main	
	6.		Automatic Air Relief valves to be placed at all relative high points	
			in the Force Main to prevent air locking.	
	7.		Mechanical joints should be specified for all aerial, river or lake	
			crossings.	السطا
			*NOTE: Construction within a floodway (river, lake, etc.) must	
			receive approval from the Department of Natural Resources,	
			Division of Water.	

IV.

THE APPLICATION FROM MUST BE SIGNED AND DATED BY THE APPLICANT OR HIS DULY AUTHORIZED AGENT.

*PLEASE NOTE THAT THIS CHECKLIST IS ONLY DESIGNED TO EXPEDITE THE REVIEW PROCESS BY ASSISTING THE APPLICANT IN SUBMISSION FOR SANITARY SEWER CONSTRUCTION PERMITS, AND IN NO WAY IS INTENDED TO REPLACE THE TECHNICAL REVIEW PROCESS, NOR IS IT A SUBSTITUTE FOR THE ACTUAL CONSTRUCTION PERMIT.



SANITARY SEWER DESIGN SUMMARY

APPL		
PROJECT NAM	E:	
OWNER:		
	DESIGN FLOW	
NUMBER OF UNI	TS:	
	1 BDRM. APTS. @ 200 GPD/UNIT =	GPD
	2 BDRM. APTS. @ 300 GPD/UNIT =	GPD
	SINGLE FAMILY HOME @ 310 GPD/UNIT =	GPD
	COMMERCIAL LOTS @ GPD/PER USE =	GPD
	INDUSTRIAL USERS @ GPD/PER USE =	GPD

T	OTAL AVERAGE FLOW =GPI)
TIMES PEAKING FACTOR	OF PEAKFLOW =GPI	D
<u>SEWER DESCRIPTION</u> :		
FT OF 8" _	(SEWER TYPE)	
FT OF 10" _	(SEWER TYPE)	
FT OF		
TOTAL LENGTH OF SEWER	₹	
The new sewer will be connected to an existin	ginch diameter sanitary sewer at	
(Desc	ribe location)	

TYPE: (Wet well: dry well, submersible, wet-well mounted, etc.) NUMBER OF PUMPS: _____ CAPACITY OF PUMPS: ____PGM___TDH___RPM___HP **BACK-UP-POWER SOURCE** YES NO AVERAGE WET-WELL DETENTION TIME: _____ DESCRIBE THE AUDIO/VISUAL ALARM WITH SELF-CONTAINED POWER SUPPLY OR TELEMETRY SYSTEM: FORCE MAIN = ______FT OF _____IN ____(TYPE) FORCE MAIN DISCHARGE ELEVATION = I certify that I am an Indiana Registered Professional Engineer or Land Surveyor and that the information provided heron is true to the best of my knowledge and to my belief. I understand that the Town of Newburgh will rely upon this information in determining whether to issue a Sewer Construction Permit for the described project. PRINTED NAME (SEAL) **SIGNATURE**

LIFT STATIONS:



SEWER CONTRACT APPLICATION

A	PPI	LICA	TION	#	

- 1. APPLICANT(S) NAME:
- 2. APPLICANT(S) ADDRESS:
- 3. APPLICANT(S):

TELEPHONE:

FAX:

E-MAIL:

4. APPLICANT(S) ENGINEER OR SURVEYOR WHO DESIGNED THE
SYSTEM:
NAME:
COMPANY OR FIRM NAME:
ADDRESS:
TELEPHONE AND FAX NUMBERS:
E-MAIL ADDRESS:

5. THE NAME OF THE PROPOSED SEWER PROJECT:

(NOTE, IF IT IS A SUBDIVISION, PLEASE USE THE NAME OF THE SUBDIVISION EXACTLY AS IT WILL APPEAR ON THE PLAT)

- 6. LOCATION OF THE PROPOSED PROJECT:
 - A. GENERAL DESCRIPTION:
 - B. NEAREST PUBLIC ROAD INTERSECTION

7. HAS ANY OF THE REAL ESTATE BEEN STRIP MINED OR
RECLAIMED? YES \(\square\) NO \(\square\)
IF THE ANWER TO NUMBER 7 IS YES, PLEASE PROVIDE FULL
PARTICULARS REGARDING THE DATE OF STRIPPING AND/OR
RECLAMATION AND SUCH OTHER DATA AS MAY BEAR ON THE
SUITABILITY OF THE LAND FOR SEWERS.
8. DO YOU REQUEST RECOUPMENT OF THE COST OF THE SEWER TO
BE BUILT? YES NO
9. SET OUT THE ESTIMATED COST OF CONSTRUCTION THE SEWER
YOU PROPOSED TO BUILD, INCLUDING ALL COST RELATED
THERETO AND ATTACH AN ITEMIZED COST ESTIMATE.
\$

C. METES AND BOUNDS LEGAL DESCRIPTION OF THE AREA

OWNED BY THE APPLICANT WHICH IS TO BE SERVED BY THE

SEWER: (MAY BE ATTACHED AS A SEPARATE DOCUMENT)

10. HOW MANY SEWER TAP-INS ARE ESTIMEATED TO BE INVOLVED IN
THE CONTRACT?
#
11. PLEASE STATE THE DATE YOU ESTIMATE CONSTRUCTION WILL
COMMENCE ON THE SEWER,20
(NOTE: YOUR CONTRACT WILL BE GOOD FOR ONE YEAR AFTER YOU
COMMENCE CONSTRUCTION. IF YOU DO NOT COMPLETE THE
CONSTRUCTION OF THE SEWER WITHIN THAT TIME PERIOD, YOU MUST
APPLY FOR A NEW OR RENEWED CONTRACT AND CONSTRUCION PERMIT)
12. DO YOU OWN FEE TITLE TO THE REAL ESTATE WHICH IS THE
SUBJECT OF THIS APPLICATION FOR A SEWER CONTRACT? (NOTE
THE FEE OWNER MUST BE A PARTY)
□ YES □ NO
13. IS THE REAL ESTATE WHICH IS THE SUBJECT OF THIS APPLICATION
THE SUBJECT OF A CURRENT OR EXPIRED SEWER AGREEMENT
WITH ANY OTHER PERSON, FIRM, OR CORPORATION?
YES NO
14. IF THE ANWER TO NUMBER 13 WAS AFFIRMATIVE, PLEASE

DESCRIBE THE PRIOR OR EXISTING CONTRACTS AND ATTACH A

COPY TO THIS APPLICATION.

15. PLEASE SET OUT THE EXACT, FULL LEGAL NAME OF THE PERSON(S), FIRM(S) OR CORPORATION(S) WHO WILL BE THE CONTRACTING PARTY (IES) IN THE CONTRACT.

16. PLEASE SET OUT THE FULL NAME, AND IF APPROPRIATE THE TITLE, OF THE PERSON(S) EXECUTING THE CONTRACT FOR OWNER.

17. PLEASE INCLUDE THE CROSS-REFERENCE NUMBER FROM THE PROPERTY DEED TO THE SUBDIVISION.

#_____

18. PLEASE INCUDE A COPY OF THE LEGAL DESCRIPTION OF THE PROPERTY CLEARLY MAKED "EXHIBIT A".

19. PLEASE BE ADVISED THERE WILL BE SANITARY SEWER PLAN
REVIEW FEES, INSPECTION FEES, CONTRACT PREPARATION FEES
AND AN ADMINISTRATIVE FEE THAT WILL BE BILLED TO THE
APPLICANT AT THE COSTS INCURRED BY THE TOWN.

	PRINTED NAME OF APPLICANT(S)
	TITLE
_	SIGNATURE OF APPLICANT
	SIGNATURE OF ATTEICANT
	DATE APPLICATION SIGNED



SEWER CONSTRUCTION PERMIT APPLICATION

APPLICATION #	
327 IAC 3	

- 1. APPLICANT(S) NAME:
- 2. APPLICANT(S) ADDRESS:
- 3. APPLICANT(S)

TELEPHONE NUMBER:

FAX NUMBER:

E-MAIL ADDRESS:

4.	APPLICANT(S) ENGINEER OR SURVEYOR WHO DESIGNED THE SYSTEM:
	NAME:
	COMPANY/FIRM NAME:
	ADDRESS:
	TELEPHONE NUMBER:
	FAX NUMBER:
	E-MAIL ADDRESS:
5.	THE NAME OF THE PROPOSED SEWER PROJECT: (NOTE, IF IT IS A SUBDIVISION, PLEASE USE THE NAME OF THE SUBDIVISION EXACTLY AS IT WILL APPEAR ON THE PLAT)
6.	LOCATION OF THE PROPOSED PROJECT:
A.	GENERAL DESCRIPTION:
В.	NEAREST PUBLIC ROAD INTERSECTION:
C.	SECTION, TOWNSHIP AND RANGE OF THE PROJECT IN THE TOWN OF NEWBURGH, WARRICK COUNTY, INDIANA
	SECTIONTOWNSHIP
	RANGE

D.	IF THE INFORMATION REQUESTED IN (C) IS NOT AVAILABLE THE LATITUDE AND LONGITUDE OF THE APPROXIMATE CENTER OF THE PROJECT TO THE NEAREST 15 SECONDS.
	LONGITUDELATITUDE
7.	CHECKLIST OF ATTACHED DOCUMENTS
	☐ SANITARY SEWER DESIGN SUMMARY
	☐ PLANS AND SPECIFICATIONS (THREE SETS)
	☐ COMPLETED APPLICATION FOR SEWER CONTRACT
8.	SIGNATURE
	PRINTED NAME OF APPLICANT(S)
	TITLE
	SIGNATURE OF APPLICANT
	DATE APPLICATION SIGNED

CERTIFICATION OF REGISTERED PROFESSIONAL ENGINEER OR LAND SURVEYOR LETTER

(This Form Should be Filled Out in its Entirety)

Applicant:	540
Owner:	
Project Name:	182
Т.	
I,, representing the project applicant, in my capacity as a (Name of Individual)	registered
mmo forming all	
(Engineer or Land Surveyor) (Indiana Registration Number)	he following
under penalty of law: The design of this project has been performed under my supervision to assure conformance with 327 IAC 3 and the plans and specifications construction of said project to be performed in conformance with 327 IAC 3-6. The pearates, in accordance with 327 IAC 3-6-11 generated from within the specific area collected by the proposed collection system that is the subject of the application, specifications (when functioning as designed and properly installed), will not cause over bypassing in the same specific area serviced by the proposed collection system other NPDES authorized discharge points. The proposed collection system does not include not sewers (serving new areas) or a combined sewer extension to existing combined sewers at the point of connection is physically in existence and operation. Based upon information by the Owner of the Wastewater System, the ability for this collection system to completed and put into operation. The design of the proposed project meets applicable or laws, regulations and ordinances. The information submitted is true, accurate, and of the best of my knowledge and belief. I am aware that there are significant penalties for false information, including the possibility of fine and imprisonment.	trequire the k daily flow that will be plans, and erflowing or than from w combined. The sewer on provided ly with 327 has not been blocal rules or malety to the complete to
Gallons Per Day:	
(Daily Design Average Flow for Project) Wastewater Treatment Plant:	<i>s</i>
Sewers: (Name of WWTP)	
(Owner of Sewers)	_
Signature of Person Signing	
and the second s	
Date Signed	

(Please refer to IC 13-30-6-2 for penalties of submission of false information. False certification could result in imprisonment or a fine of up to \$10,000)

CAPACITY CERTIFICATION/ALLOCATION LETTER (This Form Should be Filled Out in its Entirety)

Applicant:	4
Owner:	
Project Name:	
certify that I have reviewed and use collection system proposed, with the all requirements of 327 IAC 3. I certify the project system will not cause NPDES authorized discharge point pollution treatment/control facility applicable NPDES permit effluent in hydraulic or organic overload. It combined sewers or a combined sability for this collection system pollution/control facility construction that the project meets all local rules is true, accurate, and complete, to the collection of the complete to the control of the complete to the collection of the c	(Name of City or Town) the authority to act on behalf of the
Wastewater Treatment Plant:	(Total Average Flow for Project)
Sewers:	(Name of WWTP)
	(Owner of Sewers)
	Signature of Person Signing
	Date Signed

(Please refer to IC 13-30-6-2 for penalties of submission of false information. False certification could result in imprisonment or a fine of up to \$10,000)

TOWN OF NEWBURGH, INDIANA

SANITARY SEWER DESIGN AND CONSTRUCTION STANDARDS



MARCH 12, 2008

REVISED:

April 1997

September 1998

May 1999

April 2000

November 2003

March 2006

March 2008



TO: INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT FACILITIES CONSTRUCTION SECTION OFFICE OF WATER MANAGEMENT 100 NORTH SENATE AVENUE P.O. BOX 6015 INDIANAPOLIS, INDIANA 46206-6015

TOWN OF NEWBURGH NEWBURGH UTILITY OFFICE NEWBURGH, INDIANA 47630

NOTICE OF SEWER CONSTRUCTION PERMIT APPLICATION PURSUANT TO 327 IAC 3

The Town of Newburgh, Warrick County, Indiana, herewith gives notice that it has received, as of the date of this notice, an application for issuance of a sanitary sewer permit pursuant to 327 IAC 3.

The Town herewith submits the following information relevant to such application:

1. PROJECT NAME:

PROJECT NUMBER:

2. APPLICANT(S) ENGINEER OR SURVEYOR WHO DESIGNED THE SYSTEM.
A. NAME:
B. COMPANY OR FIRM NAME:
C. ADDRESS:
D. TELEPHONE AND FAX NUMBERS:
E. E-MAIL ADDRESS:
3. THE COUNTY IN WHICH THE CONSTRUCTION WILL OCCUR: WARRICK COUNTY, INDIANA
4. LOCATION OF THE PROPOSED PROJECT: A. NEAREST PUBLIC ROAD INTERSECTION:
B. QUARTER SECTION, TOWNSHIP, RANGE: SECTION: TOWNSHIP: RANGE:

C. IF THE INFORMATION REQUESTED IN (B) IS NOT

AVAILABLE, THE LATITUDE AND LONGITUDE OF THE

APPROXIMATE CENTER OF THE PROJECT TO THE

NEAREST 15 SECONDS

LEANNA HUGHES

SEWER COMMISSIONER TITLE

SIGNATURE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
 DATE	

Notice of Intent to Issue 327 IAC 3 Construction Permits Per 327 IAC 3-2.1

I	representing
the unit's review and approval process	(City/Town; County or Township) mit has a qualified engineer(s) available to review as within the unit's service area. In addition, I certify that as will strictly follow all requirements of 327 IAC 3 Sanitary Collection Systems contained in 327 IAC 3 Rule
The engineering review will be	performed by
	(Name of Review Engineer or Contracted Firm)
and the person responsible for final ap	proval will be
	(Name)
If there are any changes in the notified.	future, IDEM Office of Water Management will be
* q	
	Signature of Official
	Date

Notification to the Indiana Department of Environmental Management of Approval of a Sanitary Sewer Construction Permit Application

Location of Proposed Project	
	•
i.	
City	
County	
	or Land Surveyor (responsible for design)
Company Name	
Address	
Phone #	
Sanitary Sewer Design Summ	ary Form is enclosed or a copy of the permit issued with the same inform
	of a copy of the permit issued with the same inform
project site map is enclosed	
signed and dated Certification	of Registered Professional Engineer or Land Surveyor Letter is enclosed
	rtification/Allocation Letter from the approving unit is enclosed.
o public occ	Amountain Letter from the approving unit is enclosed.
otification is hereby made that	a Sanitary Sauce Co.
is noteby finde that	a Sanitary Sewer Construction Permit has been issued by our unit.
2	· · ·
	Printed Name of Unit's Representative
	TV.
*	Title
	0:
	Signature of Unit's Representative